CLAIM FORM

Must be postmarked no later than [DATE].	**JENKINS v. CITY OF JENNINGS SETTLEMENT** **C/O DAHL ADMINISTRATION** **PO BOX 3614** **MINNEAPOLIS MN 55403-0614** **Toll-Free:** 1-8xx-xxx-xxxx **Website:** www.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com	This Claim Form has multiple pages. All Sections of the Claim Form must be completed.

«Barcode» «SeqID»

«RecipientName»
«Addr1»
«Addr2»
«City» «State» «Zip»

EXHIBIT tabbies A

Your unique Claimant ID is: **«ClaimantID»**

INSTRUCTIONS

1. Please complete all 3 sections of the Claim Form. You must submit all of the required information in order to have a valid claim. Please return a Claim Form if you think that you have a claim. Returning a Claim Form is the only way to receive a cash payment and potential fine or cost forgiveness from this settlement. No claimant may submit more than one Claim Form.
2. Sign and date the declaration in Section 3 below.
3. Return your signed and completed Claim Form postmarked by **[DATE]** to:

   By Mail: City of Jennings Settlement
   c/o Dahl Administration
   PO Box 3614
   Minneapolis, MN 55403-0614

   By Email: info@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com

4. QUESTIONS? Visit the settlement website at www.xxxxxxxxxxxxxxxxxxxxxxxx.com or call 1-8xx-xxx-xxxx.

SECTION 1: CLASS MEMBER INFORMATION

If your mailing address above is incorrect, please provide updated address information below **(IF INCORRECT ABOVE)**:

MAILING ADDRESS

CITY | STATE | ZIP CODE

Please provide your phone number(s) and email address below **(REQUIRED)**:

DAYTIME PHONE NUMBER | EVENING PHONE NUMBER

EMAIL ADDRESS

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SECTION 2: CLASS MEMBERSHIP INFORMATION

Please respond YES or NO to the statement below **(REQUIRED)**:

Between February 8, 2010 and September 16, 2015, I was placed and/or kept in the custody of the City of Jennings Jail after being detained pursuant to a warrant issued by the City of Jennings Municipal Court arising from the nonpayment of a previously imposed fine or court costs.	O YES	O NO

SECTION 3: DECLARATION

With my signature below I declare under penalty of perjury that the information in this Claim Form is true and correct to the best of my knowledge. **(REQUIRED)**

PRINT NAME

SIGNATURE DATE

Note: *The Settlement Administrator may request additional information if the Claim Form is insufficient to process your claim. Failure to provide any requested documentation may result in the denial of your claim and may limit the type of remedy you receive.*

All Claim Forms must be postmarked by [DATE] and mailed to:

City of Jennings Settlement
c/o Dahl Administration
PO Box 3614
Minneapolis, MN 55403-0614

Or sent by email by [DATE] to:

info@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.com